

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)

Yuying

2. Surname (Last Name)

Zhang

3. Date

19-April-2017

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Wang Min

5. Manuscript Title

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6. Manuscript Identifying Number (if you know it)

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Dr. Zhang has nothing to disclose.

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1. Given Name (First Name)
Lingli

2. Surname (Last Name)
Long

3. Date
19-April-2017

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☐ Yes

☒ No

Corresponding Author's Name
Wang Min

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Cao

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Min

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19-April-2017

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